

**UNITED STATES HOUSE OF REPRESENTATIVES  
2017 FINANCIAL DISCLOSURE STATEMENT**

**Form A**  
For Use by Members, Officers, and Employees

2019 APR - 1 PM 2:50 only  
(Office Use Only)

*Handwritten initials*

Name: Carol Devine Miller Daytime Telephone: 202-225-3452

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>WV</u> District: <u>3</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
<b>REPORT TYPE</b>	<input type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<b>A. Did you, your spouse, or your dependent child:</b> a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<b>IPO</b> - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "Yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TRUSTS</b> - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input type="checkbox"/>

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Carol Devine Miller

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction				
SP, DC, JT	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		
SP	MACHSA Reinsurance Company, LTD. Huntington, WV															X	X		X																			
	Risk Management tool/ underwrites profits																																					
SP	Charnelle Reinsurance Company, LTD. Charlotte, NC																X																					
	Risk Management tool/ underwrites profits																																					